

CHANGE OF STUDENT ADDRESS (and/or CUSTODY)

Requires TWO valid proof of new address:

1. SIGNED lease (in its entirety), Purchase Agreement or Notarized Friends/Family Affidavit **PLUS**
2. Utility bill, insurance statement with current address or some sort of official mail

Copies of required documents will be made at the Welcome Center and retained as part of the student's permanent record.

TRANSPORTATION DEPT: Changes will not be updated until proper validation is received by the Welcome Center. Transportation changes may require 1-2 days waiting period.

Change of Custody: requires proof of court order – judge signed and with seal or agency documentation

Today's Date: _____ residing within RCSD boundaries
Effective Date: _____ residing out-of-district – Applying to remain under Open Enrollment.
District of Residence: _____
Student's Name _____ Grade _____ ID# _____
Gender _____ Date of Birth _____ School Building/Academy: _____
Former Street Address _____

New Street Address _____ Apt./Lot# _____
City/Zip _____ County: Franklin Licking Fairfield
Does this move require a change in SCHOOL BUILDING? YES NO APPROVED
If YES, From: _____ to _____ Intra-district (no bus transportation)
How will your student ARRIVE TO school?
_____ Bus _____ Parent _____ Daycare _____ Walk / Drive
How will your student LEAVE FROM school?
_____ Bus _____ Parent _____ Daycare _____ Walk / Drive

Has this move resulted from a change in CUSTODY, DIVORCE/SHARED PARENTING? YES NO

It is required under Ohio Revised code that ALL custody documents be submitted when the event is effective.
(ie. divorce, dissolution, shared parenting, court order)

Residential Parent/Guardian 1 NAME _____

Relationship to student: _____ Contact Phone # (_____) _____

Residential Parent/Guardian 2 NAME _____

Relationship to student: _____ Contact Phone # (_____) _____

Parent/Guardian Signature: _____ Date: _____

KINDERGARTEN / PRESCHOOL TRANSPORTATION RELEASE FORMS



SIS#: _____ Student Name: _____ Building: _____

SELF TRANSPORT

My child will **NOT** be riding a Reynoldsburg City School bus during his/her kindergarten school year.

He/she will be transported by parent/designee or daycare

Name of babysitter or daycare: _____ Phone: _____

BUS RIDER

I hereby authorize the bus driver to release my son/daughter, _____,
from the school bus for kindergarten/pre-school drop off at the assigned bus stop to the following adult(s)
[must be 18 years of age or older]:

(PLEASE INCLUDE STUDENT'S PARENTS IF APPLICABLE)

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

I acknowledge that I have read and understand the letter as stated in this packet and the kindergarten/pre-school drop off procedure. I also understand that my child will not be enrolled in the Reynoldsburg Schools until I return this form signed. I further understand that I may contact my school principal to come up with an alternative plan, if there is a hardship, which makes complying with this policy impossible.

In addition, I agree on behalf of myself and my child, to release, discharge, and hold harmless the Reynoldsburg City Schools and any agent, representative, or employee of such school district from responsibility for any and all harm, which may come to my daughter/son, as a result of this action. I understand it is my responsibility to update this form as changes are needed.

Parent/Guardian 1: **X** _____ Date: _____

Parent/Guardian 2: **X** _____ Date: _____

FOR OFFICE USE:
SIS #

REYNOLDSBURG CITY SCHOOLS EMERGENCY AUTHORIZATION FORM

O.R.C.3313.712



Student's Name _____ Birthdate: _____
Home Address _____ School: _____
_____ Zip: _____ Grade: _____ Gender M F
Student's Cell Phone: (____) _____

Custodial Residential Custodial Parent/Guardian Information

Student lives with: both parents parent/guardian 1 parent/guardian 2 other _____
Biological parents are: Married Divorced Single-never married Residing together-not married

Parent/Guardian 1

Name: _____
Relationship to student: _____
Address: _____
City: _____ Zip: _____
Primary Phone: (____) _____
Can this number receive text messages? YES NO
Secondary Phone: (____) _____
Email: _____@_____

Parent/Guardian 2

Name: _____
Relationship to student: _____
Address: _____
City: _____ Zip: _____
Primary Phone: (____) _____
Can this number receive text messages? YES NO
Secondary Phone: (____) _____
Email: _____@_____

Custody (if applicable):

Is this child subject to any shared parenting agreement custody order guardianship foster placement _____
Name and mailing address of other parent if order mandates: _____

Is there a court/restraining/protection order on file that restricts access to this student by any party? Yes No
If YES, whom: _____ Relationship to child: _____

***This order cannot be executed until the document has been submitted to the Welcome Center which will be forwarded to student's school file. ***

Contact person(s) in case parents/guardians cannot be reached

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: _____
Relationship to student: _____
Primary Phone: (____) _____

Name: _____
Relationship to student: _____
Primary Phone: (____) _____

Siblings attending Reynoldsburg Schools

Name: _____ Gr.: _____ School: _____
Name: _____ Gr.: _____ School: _____

Name: _____ Gr.: _____ School: _____
Name: _____ Gr.: _____ School: _____

Military Student Identifier

Please indicate if this student is a dependent of the following:

- Active Duty:** student is dependent of a member of the Active Duty Forces (United States Army, Air Force, Marine Corps or Coast Guard)
- National Guard:** student is a dependent of the National Guard (US Army National or Air National Guard).
- Reserve Duty:** student is a dependent of a member of the US Military on Reserve Duty
- My child is NOT a military student.**

Student's Name: _____

Medical Alerts

My child has **NO** medical concerns _____
parent/guardian signature

Major Medical Concerns (list as follows): _____

Routine **MEDICATIONS** (including those taken at home):

NO Medications

Name of Medication	Taken for	Activity Restrictions

ALLERGIES: **NO** Allergies

Food: _____

Drug: _____

Insects: _____

Other: _____

EPI-PEN NEEDED

Seasonal/Environmental: _____

Per our family religious' convictions, this student does not consume the following food: _____

Medical Providers:

Doctor: _____

Phone Number: (____) _____

Dentist: _____

Phone Number: (____) _____

Medical Specialist: _____

Phone Number: (____) _____

CONSENT – Signature Required (Please Sign ONE)

YES, I GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or, in the event that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

X _____
parent/guardian signature

_____ date

TO GRANT CONSENT

OR

NO, REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of an emergency or illness requiring treatment, I wish the school authorities to take the following action:

X _____
parent/guardian signature

_____ date

REFUSAL TO CONSENT

REYNOLDSBURG CITY SCHOOL

STATEMENT OF CUSTODY



Student Name: _____

Date of Birth: _____

Student **lives with:** (check one)

- Guardian 1 and Guardian 2 Guardian 1 Only Guardian 2 Only Court Appointed Legal Guardian
- Guardian 1 with spouse Guardian 2 with spouse Foster Parent(s): *child is ward of the court*

I state that I am the **residential parent** of said child for the following reason:

- Parents are married and living together.
- I have written proof of custody and a copy is attached. (Divorce judgment entry & decree AND Shared Parenting agreement & decree, separation agreement – or - court order, FCCS placement document, HB130)
- I have no written proof of custody for the following reason:
- I was never married to the father/mother of my child.** (Mother will need to write a note for father to visit child on school grounds if child was born after January 1, 1998.) (Father will need affidavit of paternity and custody if the child was born after January 1, 1998 in order to enroll the child and/or have the right to make educational decisions; this includes consent forms, discipline, and IEP/ETR.)
 - Mother and Father reside together, but are not legally married.** Same rule applies as above.
 - I am still married to the father/mother of my child. We are separated, but not divorced.** No custody order exists.
 - The father/mother of my child is deceased.** (Attach death certificate.) Affidavit of Paternity will need to be filed by father to establish paternity if mother and father never married and father's name is on birth certificate of child born after January 1, 1998. We will also need a custody order. School district will allow enrollment for 60 days on tuition basis while affidavit is being filed and custody being established.
 - I have filed a motion for custody / reallocation of parental rights.** My hearing date is: _____ Reynoldsburg School district will allow enrollment for 60 days on a tuition basis while custody is being established.
 - Other;** please specify: _____

I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of the Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000.00 and/or a maximum term of imprisonment of six months. Furthermore, I accept financial responsibility for tuition for the above named student if the student illegally attended Reynoldsburg City Schools and understand that immediate withdrawal will occur.

X _____
Parent/Guardian Signature

Date

Office Use Only:
Student Number: _____
SSID: _____

REYNOLDSBURG CITY SCHOOLS

COURT APPOINTED GUARDIAN / FOSTER STUDENTS ENROLLMENT INFORMATION

Student's Name: _____ Enrollment Date: _____

Date of Birth: _____ Grade: _____ School: _____

Guardian/Foster Parent: _____

Guardian Address: _____ Phone #: () _____

Information regarding the natural parent(s) with whom the student does NOT reside, and school district that is fiscally responsible for educational costs as designated by a court order.

Birth Parent(s) Name: _____

Address: (Mother) _____

Phone #: () _____

(Father) _____

Phone #: () _____

School District of Residence: _____ IRN #: _____

District Superintendent's Name: _____ County: _____

School District office address: _____

Name of Previous School: _____

For Foster / Court or Children Services Placements:

Children Services Case Worker: _____

Journal Entry / Court Case Number: _____

Office Address: _____

Office Phone #: _____

Office Fax #: _____

Please check appropriate box and attach required documents to this form at time of enrollment:

Children Services Documents Enclosed (Enrollment/Transfer Letter; Individual Child Care Agreement)

Court Order Enclosed

Grandparent House Bill 130 Enclosed

REYNOLDSBURG CITY SCHOOLS



FORM
14

Welcome Center

1555 Graham Road, Reynoldsburg, Ohio 43068
Phone: 614-501-1033 Fax: 614-501-1049

Residency Verification Release

To be completed by families renting/leasing their home.

Form MUST be completed by the leaseholder.

Lease Holder's Name: _____

Address: _____ City/Zip: _____

Primary Phone Number: _____

Lease begins (date): _____ Lease ends (date): _____ Month-to-month

REQUIRED

Landlord / Rental Agent's Name: _____

Phone Number: _____

Address: _____ City/Zip: _____

I hereby authorize Reynoldsburg City Schools to contact my Landlord/Rental Agent/Property Manager in order to verify my residency at the address of record with the District, both at the time of enrollment and/or at any time during my child's enrollment. I understand that lack of proper proof of residency or falsification of information provided will result in my student's withdraw from Reynoldsburg City Schools.

Lease Holder PRINT NAME: _____

X _____
Lease Holder Signature

Date

Student(s):

(Name) (D.O.B.) (Grade)

(Name) (D.O.B.) (Grade)

(Name) (D.O.B.) (Grade)

(Name) (D.O.B.) (Grade)